

121

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of _____
 District of _____
 Town of _____
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

State Index No. 91

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 113

Local Registrar's No. _____

FULL NAME OF CHILD

Herbert Cawley

Born } YES
 Alive } NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Male Twin, Triplet or other ✓ and { Number in order of birth _____ Legitimate? Yes Date of Birth June 21 1912
 (Month) (Day) (Yr.)

FATHER
 Full Name Samuel Cawley
 Residence Switzerland St
 Color or Race White Age at last Birthday 29 (Years)
 Birthplace Kingston, N. Met.
 Occupation Banker

MOTHER
 Full Maiden Name Bessie Mahille
 Residence Pascoe Hill
 Color or Race White Age at last Birthday 20 (Years)
 Birthplace Weatherford, Texas
 Occupation Housewife

Number of child of this mother 2 Number of children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on June 21 1912, at 4 M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature)

(Attending physician, midwife, householder.)

Given or christian name added from a

Address _____

supplemental report _____ 1912Filed 6/22 1912Filed 6/22 1912

A True Copy

LOCAL REGISTRAR

COUNTY REGISTRAR

COUNTY REGISTRAR